

PRIVACY RELEASE FORM

February 07, 2007

PRIVACY RELEASE FORM

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

PRIVACY RELEASE FORMFebruary 07, 2007

Email Address : _____

Phone (home): () _____ - _____

Phone (work): () _____ - _____

Social Security Number: _____ - _____ - _____

PRIVACY RELEASE FORMFebruary 07, 2007

Date of Birth: _____

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federal records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to you such information as you may require.

Signed: _____

Date: _____

Description of your situation: _____

PRIVACY RELEASE FORM

February 07, 2007

Please print this form and return completed to my District Office at:

Congressman Tim Ryan

197 West Market Street

Warren, Ohio 44481

PRIVACY RELEASE FORM

February 07, 2007

Phone: (330) 373-0074 Fax: (330) 373-0098